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# **INDIANA** **Epidemiology** **NEWSLETTER**

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Epidemiology Resource Center  
2 North Meridian Street, 3-D  
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## **Local Health Departments Undertake Mass Prophylaxis Planning**

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ISDH Public Health Preparedness  
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Since 1999, the Centers for Disease Control and Prevention (CDC) has provided funding to support preparedness of local health departments (LHDs) for response to public health emergencies. Two capabilities will be funded this year: plans for conducting mass prophylaxis clinics and plans for receiving supplies from the Strategic National Stockpile (SNS). Indiana State Department of Health (ISDH) staff developed a survey to determine what needs LHDs might have for technical assistance in developing their plans. ISDH is happy to announce that **92 of 94 LHDs** have submitted their data on this survey, *Assessment of Readiness to Respond to Events Requiring Mass Prophylaxis and/or Delivery of the Strategic National Stockpile (SNS)*. The results relating to the mass prophylaxis are reported in this article.

### **Experience with Mass Prophylaxis**

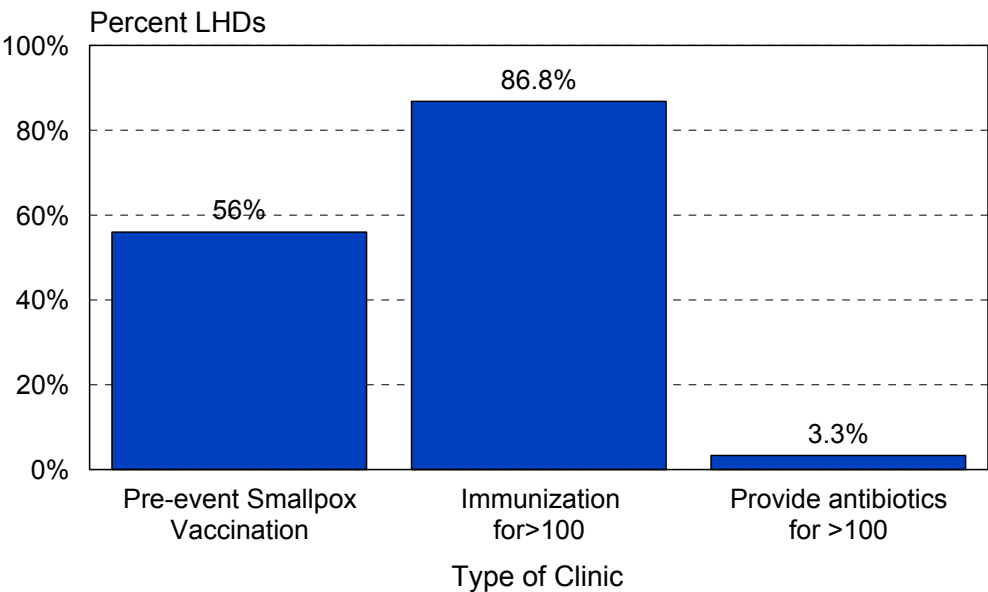
Results of the survey show that Indiana LHDs have a wealth of experience in conducting immunization clinics. More than 85 percent had conducted such clinics for more than 100 persons and in addition, more than 50 percent had participated in the Pre-event Smallpox Vaccination campaign of 2003 (Figure 1). The latter experience is particularly valuable as the smallpox vaccination is one of the most complex to administer, both from the perspective of patient education with informed consent and the unique technique of delivery which required the use of multiple pricks with a bifurcated needle.

Indiana's LHDs have much less experience with a different type of prophylaxis clinic. When asked about their experience with clinics dispensing prophylactic doses of antibiotics, fewer than 5 percent had any significant experience (Figure 1).

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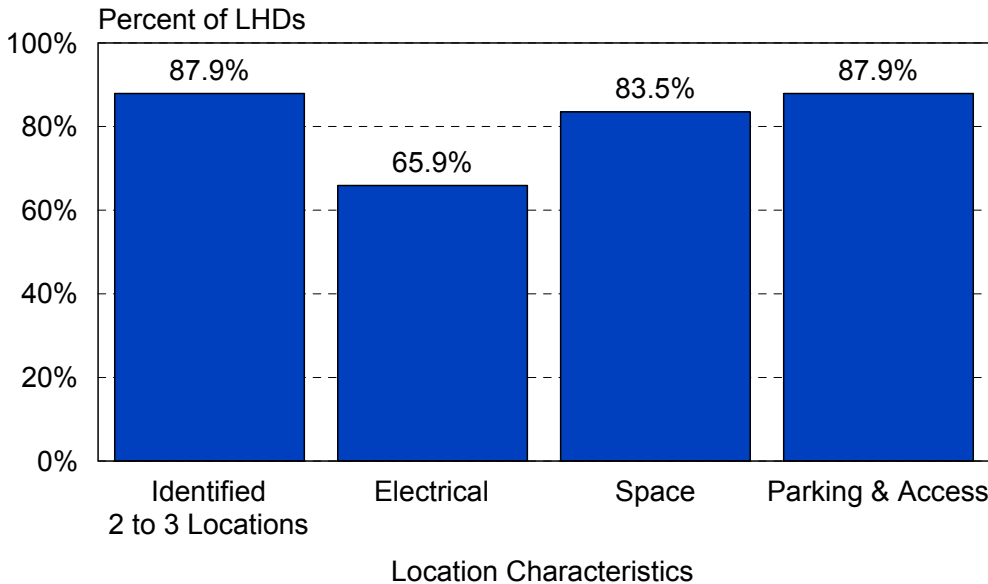
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**Figure 1. Experience with Immunization Clinics**



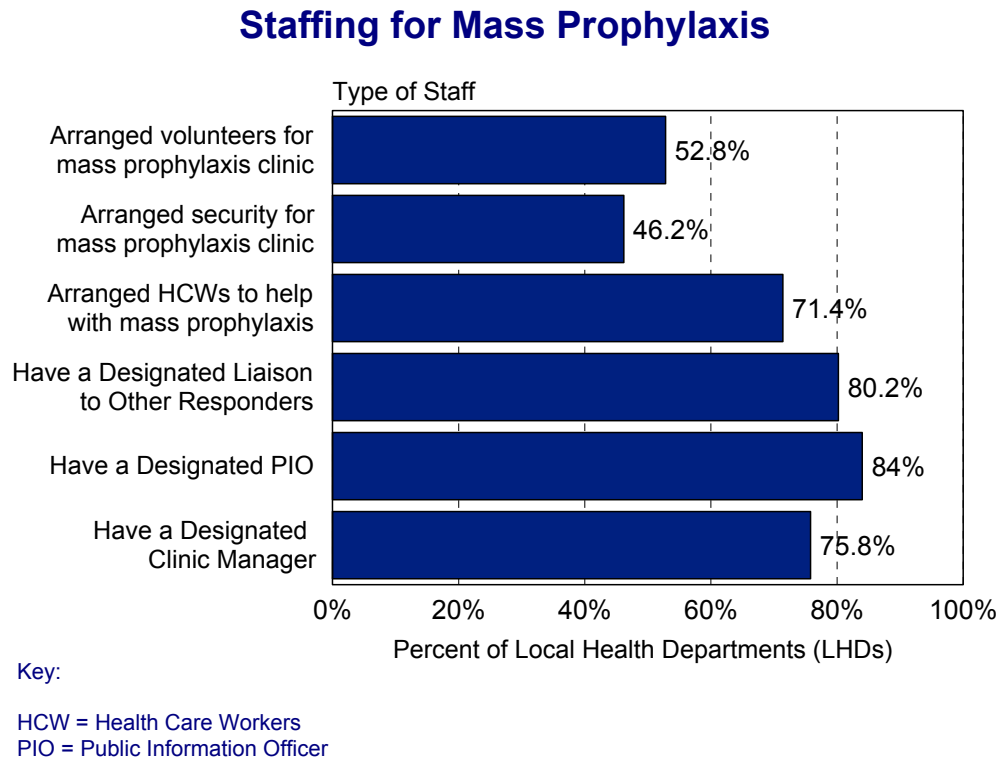
There is good evidence from assessment data that LHDs are progressing in planning for the types of facilities that would support large-scale mass prophylaxis clinics. Nearly 85 percent have identified two or three facilities within their jurisdictions that could provide the public access and space necessary to accommodate clinic stations (Figure 2).

**Figure 2. Arrangements for Clinic Sites**



With respect to staffing a mass prophylaxis clinic, less advance work as been accomplished. Between 70 and 85 percent had addressed their staffing needs for clinic management, public information, liaison to other emergency responders, and additional health care workers. However, only about half have considered arrangements for security and for volunteers who might assist with greeting and distribution/collection of paperwork (Figure 3).

**Figure 3. Arrangements for Clinic Staffing**



Assessment results show that Indiana LHDs need to further analyze their jurisdictions' populations that might need prophylaxis. Less than 19 percent reported that they had considered how to serve special populations. CDC recommends that LHDs be ready to deliver prophylaxis to at least five separate types of populations:

- Front line workers – both traditional first responders such as police and fire fighters as well as other public safety professionals, including workers responsible for public safety, public health, public utilities, vital infrastructure and jurisdictional decision-making
- General public – those individuals who can easily respond to the print and electronic messages about prophylaxis opportunities and who are able to come to central prophylaxis sites.
- Institutionalized persons – individuals who may be in a restricted setting such as a long term care facility
- Home bound persons – individuals who may have limited mobility and cannot easily arrive at a prophylaxis clinic
- Additional special populations – individuals or groups who may not be able to receive information about prophylaxis opportunities via the usual means (i.e. print and electronic media). These would include members of cultural/language minorities, homeless persons, or those with hearing or vision impairments.

## Web Portal

The survey data were reported to ISDH via the agency's Web Portal. Use of the portal permits secure, password-protected input of data, a means that had been used previously for hospital data. The success of the LHD staff members in accessing the portal for data input demonstrates the advances being made in our state toward use of electronic formats.

## Technical Assistance for Mass Prophylaxis Planning

ISDH staff members have provided print materials as e-mail attachments to support LHDs in their mass prophylaxis planning:

1. A PDF file entitled "Instructions for Mass Prophylaxis Planning" – This provides general instructions for mass prophylaxis planning
2. A PDF file entitled "Planning for Mass Prophylaxis" – This is a guide that explains the CDC approach to mass prophylaxis and the information about the mass prophylaxis plan that must be reported to ISDH
3. A Word document entitled "Word Template for Mass Prophylaxis Plan Information" - This document is designed to provide mass prophylaxis planners with a working document into which they can enter plan information. Ultimately, the required information will be reported to ISDH via the Web Portal. The template is designed to be the same as the Portal template. Therefore, the information can be entered into the Portal by use of a simple "Copy and Paste" maneuver from the Word document.

Some additional items are available on the ISDH Web site at address:

<http://www.in.gov/isdh/js/mpp-plan/>

1. Guides – Chapter 11 of the CDC Stockpile Guide and pages 3-42 of the CDC smallpox guide (Supply and Equipment List)
2. Attachments A through G for the ISDH planning guide
3. Other Materials – The floor plan used by the San Francisco Public Health Department for their mock smallpox vaccination clinic

On February 6, 2004, ISDH and a panel of LHD representatives will offer a technical assistance teleconference via the Indiana Higher Education Telecommunications System (IHETS). Information about the broadcast and downlink sites will be sent via e-mail to each LHD. In addition, ISDH field staff, particularly the district public health coordinators, are also available to provide person-to-person assistance.

## Deadlines

The mass prophylaxis information that must be reported to ISDH will be submitted using the ISDH Web Portal. The portal will be available for data input the first week in March 2004. LHD staff members can provide their information anytime after that up to April 2, 2004.

## Grant Awards

LHDs will receive grant awards for their participation in these planning activities. An award of approximately \$4,200 per LHD is being made for completion of the assessment and once the mass prophylaxis information has been submitted, a second award of approximately \$10,000 per county will be available. The third, and final, planning activity will be for arrangements to receive supplies from the Strategic National Stockpile. Approximately \$100,000 per district will be available with this activity.

## Public Health Preparedness District Update

Pam Pontones, MA  
ISDH Field Epidemiology Director

The Indiana public health preparedness district map changed in January, with some counties shifting districts and the southern districts being renumbered.

Five counties, LaPorte, Owen, Green, Martin and Bartholomew, were moved into neighboring districts. The former districts of 10, 7, 8 and 9 have been renumbered 7, 8, 9, and 10 respectively (see map). ISDH made the changes to align the public health preparedness districts with the Indiana State Emergency Management Agency emergency response districts. This will allow for better coordination and response to a public health emergency.

### New Field Staff

**Tom Duszynski**, formerly the environmental supervisor at LaPorte County Health Department, joined the ISDH as the field epidemiologist for District 2 on December 22. The field epidemiology team is now complete, with all districts serviced by an ISDH field epidemiologist. Field epidemiologists assist local health departments with outbreak investigations, disease surveillance and case follow-up, and information dissemination. They also support ISDH program areas with data collection and help coordinate training within the districts.

Two new public health coordinators have also joined the ISDH. **Joe Hilt**, formerly with Science Applications International Corporation, became the public health coordinator for District 3 on November 24. **Stephen Cradick** worked for the Owen County Health Department food protection program before starting as the District 7 coordinator on January 5. A public health coordinator now services five districts. Public health coordinators assist local health departments and districts with public health preparedness planning, training exercises, grant issues, and establishing partnerships.

## Public Health Preparedness Districts

### District 1

Epidemiologist: Donna Allen

Coordinator: Vacant

### District 2

Epidemiologist: Tom Duszynski

Coordinator: Vacant

### District 3

Epidemiologist: Brad Beard

Coordinator: Joe Hilt

### District 4

Epidemiologist: Sandy Gorsuch

Coordinator: Liz Hibler

### District 5

Epidemiologist: Lora Bogda

Coordinator: Becky Lair

### District 6

Epidemiologist: Stephanie Jackson

Coordinator: Vacant

### District 7

Epidemiologist: Rob Allen

Coordinator: Stephen Cradick

### District 8

Epidemiologist: Rob Allen

Coordinator: Judy Gilliland

### District 9

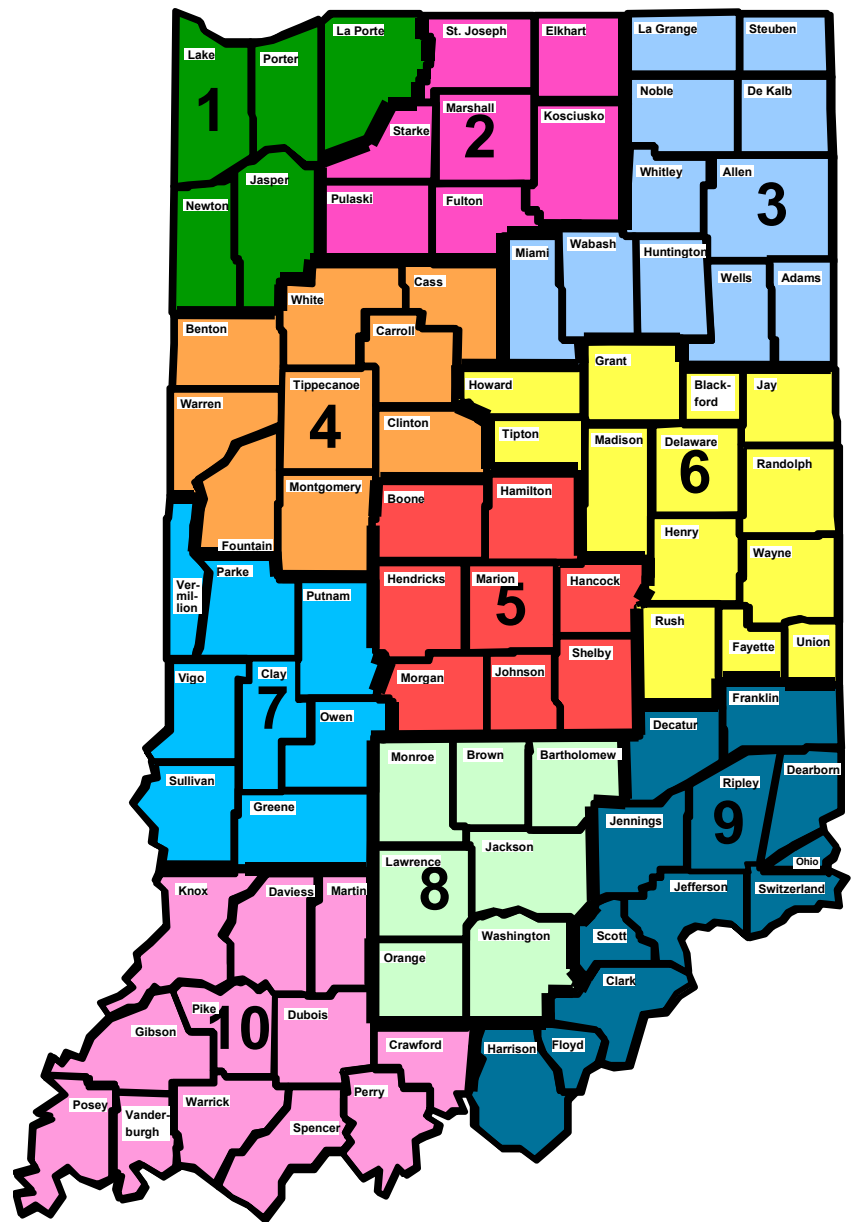
Epidemiologist: Steve Allen

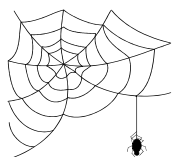
Coordinator: Vacant

### District 10

Epidemiologist: Karen Gordon

Coordinator: Vacant





## *Wonderful Wide Web Sites*

### **ISDH Data Reports Available**

**The ISDH Epidemiology Resource Center has the following data reports and the Indiana Epidemiology Newsletter available on the ISDH Web Page:**

[http://www.in.gov/isdh/dataandstats/epidem/epinews\\_index.htm](http://www.in.gov/isdh/dataandstats/epidem/epinews_index.htm)

Indiana Cancer Incidence Report (1990, 95,96, 97)	Indiana Marriage Report (1995, 97, 98, 99, 2000)
Indiana Cancer Mortality Report (1990-94, 1992-96)	Indiana Mortality Report (1999, 2000)
Indiana Health Behavior Risk Factors (1995-96, 97, 98, 99, 2000, 2001)	Indiana Natality Report (1995, 96, 97, 98, 99, 2000, Provisional 2001)
Indiana Health Behavior Risk Factors (BRFSS) Newsletter	Indiana Induced Termination of Pregnancy Report (1998, 99, 2000)
Indiana Hospital Consumer Guide (1996)	Indiana Infectious Diseases Report (2000)
Public, Hospital Discharge Data (1999, 2000, 2001)	<i>Former</i> Indiana Report of Diseases of Public Health Interest (1996, 97, 98, 99)
Indiana Maternal & Child Health Outcomes & Performance Measures (1988-97, 1989-98, 1990-99, 1991-2000)	

## **HIV** Disease Summary

**Information as of December 31, 2003 (based on 2000 population of 6,080,485)**

### *HIV - without AIDS to date:*

322	New HIV cases from January 2003 thru December 2003	12-month incidence	5.30 cases/100,000
3,764	Total HIV-positive, alive and without AIDS on December 31, 2003	Point prevalence	61.91 cases/100,000

### *AIDS cases to date:*

475	New AIDS cases from January 2003 thru December 2003	12-month incidence	7.81 cases/100,000
3,600	Total AIDS cases, alive on December 31, 2003	Point prevalence	59.21 cases/100,000
7,414	Total AIDS cases, cumulative (alive and dead)		

## REPORTED CASES

 of selected notifiable diseases

Disease	Cases Reported in December MMWR Week 49-53		Cumulative Cases Reported January - December MMWR Weeks 1-53	
	2002	2003	2002	2003
Campylobacteriosis	58	82	511	546
Chlamydia	1,143	1,437	17,270	17,242
<i>E. coli</i> O157:H7	12	9	87	97
Hepatitis A	5	10	50	74
Hepatitis B	34	9	85	42
Invasive Drug Resistant <i>S. pneumoniae</i> (DRSP)	44	50	195	192
Gonorrhea	485	547	7,438	6,739
Legionellosis	2	2	22	31
Lyme Disease	1	2	21	26
Measles	0	0	2	0
Meningococcal, invasive	5	6	37	47
Pertussis	54	24	183	91
Rocky Mountain Spotted Fever	1	0	5	1
Salmonellosis	80	57	599	611
Shigellosis	34	23	138	196
Syphilis (Primary and Secondary)	6	6	63	52
Tuberculosis	14	18	128	142
Animal Rabies	0	4 (4 bats)	31 (30 bats, 1 skunk)	31 (31 bats)

**Note:** Case totals for 2003 are preliminary and will change, as cases with onsets in 2003, which are still being investigated, are completed and returned to the ISDH.

For information on reporting of communicable diseases in Indiana, call the *ISDH Epidemiology Resource Center* at (317) 233-7665.



**Indiana**  
***Epidemiology***  
**Newsletter**

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